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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>52203</b>
In re Application of Völkel et al.		
Application Number <b>10/076,514</b>		Filed <b>February 19, 2002</b>
For <b>Crystalline choline ascorbate</b>		
Art Unit <b>1618</b>	Examiner <b>YOUNG, MICAH PAUL</b>	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <b>500.00</b>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u><b>14-1437</b></u> . I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
I am the		
<input type="checkbox"/> applicant /inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
<input type="checkbox"/> attorney or agent of record. Registration number _____		
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u><b>54,015</b></u>		
 <b>Michael P. Byrne</b> Signature		
<b>Michael P. Byrne</b> Typed or printed name		
<b>202-659-0100</b> Telephone number		
<b>March 20, 2007</b> Date		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> *Total of _____ forms are submitted.		